



redefining / insurance

WITHOUT PREJUDICE to:

(a) Insurance Subrogated Claim and/or

(b) Any Personal Injury Claims

[Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]

CLAIM REF : S8M00ZU4
INSURED : SAMUEL AUGUST

DISCHARGE VOUCHER

We/I, TEE BOK TIAN, NRIC NO.S2537256E hereby agree to accept the sum of dollars **THREE THOUSAND SIXTY SEVEN AND CENTS FORTY FIVE ONLY (\$\$3,067.45)** paid to us/me by **AXA INSURANCE PTE LTD** as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said **AXA INSURANCE PTE LTD** or their Insured or the driver of motor vehicle no. **FBM 975U** as a result of an accident along **LORNIE ROAD** on **18/10/2018** of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. **SMA 9403C**.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. **FBM 975U** in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. **FBM 975U**.

Dated this 28 day of 11 2018

Claimant's Signature : 


NRIC no./ Company Stamp : S2537256E

Occupation/ Business : _____

Address : Blk 208 Pasir Ris St 1 C #101-346 Singapore 510208

Telephone No. : 9388-7723

Witness's Name : **CHEW MOTOR PTE. LTD.**

Witness's Signature : 

Witness's NRIC No. : _____

**1 Kaki Bukit Avenue 6 Blk C #01-41
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